



AUTHORIZATION FOR AN ALTERNATE TAX PAYER

Property Address: _____

Parcel #: _____ - _____ - _____ - _____ - _____

I (property owner): _____

Do hereby authorize (alternate tax payer): _____

To receive the tax bills and assessment notices for the real estate located at the above address.

Please send all future tax bills and assessment notices to the following address:

Please be aware that the designated tax payer will hereafter receive both the tax bills and the Notice of Assessment (this is mailed in the last week of January each year). You will not receive a copy of these documents. If for any reason you no longer wish for this alternate taxpayer to receive these documents you will need to inform our office in writing. If you do not want the alternate tax payer to receive your assessment notice, it is suggested that you continue to receive all documents yourself and simply forward the bills on to the alternate tax payer.

Signature of property owner

Date

Signature of alternate tax payer

Date